24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
New Day Independent Media Committee	
	C C00582973
Check if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y N Y N Y
Full Name of Payee	Date of Public Distribution/Dissemination
The Ukrainian National Assoc. Inc.	M M / D D / Y Y Y Y
Mailing Address 2200 Route 10	04 13 2016 Amount
	Amount
City State Zip Code	900.00
Parsippany NJ 07054	Transaction ID: SE.4310 Date of Disbursement or Obligation
Purpose of Expenditure Advertisement Category/ Type	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
IOHN B KASICH	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/	M M / D D / Y Y Y Y
Type	
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disbu	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	900.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7 7
(c) TOTAL Independent Expenditures	900.00
	900.00
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	• • • • • • • • • • • • • • • • • • • •
Susan E. Jones	M / D D / Y Y Y Y
[Electronically Filed] Date	14 2016
Oignature	